

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015413

1. Entity Name
HMC FUNDING, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90143 018 ***150.00

Principal Place of Business

1881 NE 26TH ST
#212
FT. LAUDERDALE FL 33305
US

Mailing Address

1300 N.E. 185TH ST.
NO. 211
NORTH MIAMI BEACH FL 33179
US

2. Principal Place of Business

3. Mailing Address

1300 NE 185 ST

1300 NE 185 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NO. 921

NO. 921

City & State

City & State

North Miami Beach FL

North Miami Beach

Zip

Country

Zip

Country

33179

USA

33179

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENRY, DEVIN
1300 N.E. 185TH ST.
NO. 211
NORTH MIAMI BEACH FL 33179

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS HENRY, DEVIN
CITY-ST-ZIP 1300 N.E. 185TH ST., NO. 211
NORTH MIAMI BEACH FL 33179

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DEVIN HENRY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

03/26/01

305 949-9892

Date

Daytime Phone #

CR2E034 (10/00)